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CHRONIC PROSTATITIS

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The term "Chronic Prostatitis" covers, rather loosely, a wide scope of disorders of the genital tract. I do not wish to discuss the chronic prostatitis which follows in the immediate wake of gonorrhœa and which is readily cured by a course of massage and irrigation. Nor do I care to include those cases that follow acute gastro-intestinal or upper urinary tract infections and are likewise readily cured. I do, however, want to talk about those cases of chronic prostatitis that come on insidiously and do not usually get entirely well. They are prone to have one recurrence after another and often acute exacerbations with flare-ups of infection in distant parts of the body such as iritis, neuritis, arthritis, bursitis and the like.

This type of prostatitis is exceedingly common and widespread. Wiseman in doing routine complete physical examinations on 200 men of all age groups found chronic prostatitis in 108. Pelouse thinks that 35% of all men over thirty-five have it. The greater portion of these people are practically symptomless and do not consult a doctor. The symptoms of chronic prostatitis are so many and so varied that many patients do not suspect the genital tract at all. As a rule there are no bladder symptoms save for some occasional burning urination or a feeling of wanting to void after having emptied the bladder. A few patients will be disturbed by a morning drop at the meatus and will present themselves because of this.

Quite frequently sexual symptoms are predominant. Patients complain of premature or painful ejaculation, loss of libido or complete impotence. Many of this group are neurotic and describe to the minutest detail their queer sensations in the perineum, scrotum, urethra and anus. The curious thing about such patients is that they conform to type. The lengthy and fantastic descriptions of crawling sensations and itching in the urethra, and the perineal and ano-rectal aches and pains are so typical and so much alike in every case that they automatically suggest the correct diagnosis.

When patients complain of low back pain extending into the groin, scrotum or suprapubically and when it is accompanied by an indurated prostate whose secretion contains pus cells and non-motile spermatozoa, they may be properly said to be suffering from prostatic backache.

Because patients are allergic to their prostatic infections they may complain of arthritis, neuritis, vasomotor skin disturbances, low abdominal pain simulating appendicitis and functional gastric disorders. Iritis and retinitis are often due solely to infection in the prostate. They do not get well when teeth, tonsils and sinuses are treated but clear up promptly when the infection in the prostate is drained.

Head's classical explanation of surface pain from visceral origin as a spilling over of afferent sympathetic nerve impulses into areas supplied by corresponding spinal segments applies also to prostatic pain. The sympathetic nervous system relays prostatic pain to the primary cells in the ganglion. It is then sent out through the many connecting ramifications to the organs supplied by the ganglion. Thus symptoms not only of pain but also related to the function of the affected organs are produced.

Worry, excitement and anger are known to aggravate prostatic pain.

It is a common belief that previous attacks of gonorrhœa are responsible, in the main, for chronic prostatitis. I do not believe this fact to be true. I can see how a prostate gland, badly damaged by a gonorrhœal prostatic abscess, would be so scarred and distorted in its anatomical relations that drainage would be permanently impaired. In the main, however, gonorrhœa does not produce that pathological condition. I am convinced that the most important single factor in the production of chronic prostatitis is what may be called faulty sex physi-

Read before the Providence Medical Association, April 3, 1939.

ology. By that I mean virtuous petting parties, the perusal of erotic literature, the current sex stimulating movies and what one might call unphysiologic intercourse arising from a desire for contraception. By such practices chronic congestion of the seminal vesicles and prostate is produced, which if continued for a long time lowers the resistance of these structures so much that non-specific infection is prone to develop. Bacteria reach the prostate from the urethra and by way of the lymphatics and blood stream. Chronic foci of infection such as the teeth, tonsils, sinuses, gall bladder, bowel and other locations, may be sources of a continuous supply of bacteria to the prostate—Cumming thinks that 98% of all cases have at least one such focus.

Prostatitis often accompanies chronic renal infections. Infected urine passing through the prostatic urethra causes infection to extend up the ducts and into the glands. It follows, of course, that the treatment of such cases should be directed toward the upper urinary tract.

The diagnosis is suggested by the symptoms just enumerated. Examination with a finger in the rectum will show an indurated and nodular or a soft, swollen and boggy gland. It may or may not be tender. The prostate may even seem normal to the palpating finger but microscopic examination of the expressed fluid will show it to contain many pus cells. Cultures taken from the fluid will identify the offending organism. The organisms usually found are staphylococci, colon bacilli, streptococci and rarely proteus and gonococci. Trichomonas are occasionally found in the wet smear.

Examination of the prostatic urethra with the cystourethroscope, in appropriate cases, will occasionally show widely dilated and patent prostatic ducts which are, however, usually post-gonorrhœal. Granulations along the gutters on either side of the verumontanum are commonly found. Once in a while polypoid growths are seen.

One will see chronic pyogenic prostatitis due to prostatic calculi often enough to pay to remember them as a reason why patients do not respond to ordinary treatment. Fortunately, the diagnosis of prostatic calculi is suggested by a definite sense of creptius imparted to the examining finger. It is easily confirmed by the X-ray but not so easily cured by surgery which, incidentally, should always be done through a perineal approach.

Prostatic massage is the most universal therapeutic measure. It is done, as Pelouse has put it, to digitally encourage drainage. But massage also squeezes into the patient's lymphatics and circulation some of his own bacteria. This is autovaccination and, to use the words of the late Frank Kidd, "is the reason why prostatic massage should not be repeated more than every fourth day and should be carried out with gentleness and without force; prostatic massage is true vaccine treatment."

O'Conor has shown by elaborate experiments on dogs that a single massage produces moderate round cell infiltration of the septa and alveolar walls. If massage is kept up daily for seven days, the dog's prostate on removal shows many areas of complete rupture of the alveolar walls together with scattered cystic formations.

It is quite important that the technique of prostatic massage should be carried out with a definite purpose in mind and always remembering that the injudicious use of massage can be definitely harmful. The gland should be stroked only in the direction of the course of the emptying ducts, that is, from above and laterally downward and medially. The mid-line should not be crossed with the sweep of the finger. The pressure should be firm but gentle and not over fifteen strokings should be given at one sitting. The massage should not cause pain nor faintness. Occasionally odema of the face and tongue will be observed after massage but the reaction is allergic and is not the result of faulty massage. It seems logical to instill 25 or 30 cc. of appropriate antiseptic, such as 1% mercurochrome, 1-1000 acriflavine or 1% neoarsphenamine, into the posterior urethra and bladder before the massage. Clinically this procedure is usually followed by improvement.

Stretching the posterior urethra with a Kollman dilator will help in stubborn cases. The dilator causes absorption of fibrosis in the urethra and dilates the mouths of the prostatic ducts.

The application of heat to the prostate by means of hot rectal irrigations, diathermy or the Elliott machine is certainly beneficial as an adjunct to treatment. Lewis reports that the Elliott treatment will cure 11% of the cases and that it improves a good portion of the remainder. Hot rectal irrigations which patients can conveniently give themselves at bedtime, using Boyd's two-way irrigator, are helpful.

We think that cultures of the prostatic fluid are quite necessary to properly treat prostatitis. When one is dealing with staphylococci, 1% neoarsphena-

mine solution locally and a course of five or six intravenous injections will be of great help. Antistaphyloccus serum (Lederle in doses of 1.0 to 2.5 cc. at six-day intervals until 5,000 units are given should be used in resistant cases.

Mandelic acid and sulfanilamide should be used in colon bacilli prostatitis; in the streptococcus infections sulfanilamide is indicated. Sulfanilamide is definitely excreted by the prostate in an appreciable amount.

Vaccines, in our hands, have been quite disappointing. We have had some small success with autogenous vaccines prepared from hemolytic Escherichia coli only.

The questionable procedure of intra-prostatic injections may be indicated in certain severe and chronic cases that fail to respond to other forms of therapy. Grant, Townsend, Von Lacknm, Ritter and others have a good word for this treatment which consists of injecting antiseptic solutions into the substance of the gland through a needle introduced either through the perineum, rectal wall, or through the urethra by means of an endoscope. O'Conor and Ladd have demonstrated by prostatic injections into the prostatic substance in dogs that the introduction of any solution sets up an intense inflammatory reaction in the gland which is followed by fibrosis and obliteration of many of the acini. It has been suggested by Grant that it is the sclerosing process rather than the antiseptic value of the injected solution that produces a cure. He has used the method for seven years and reports no bad results. In general, I think, this method is not accepted but it should be considered when one is dealing with an infected prostate which is obviously the focus of infection responsible for severe and disabling secondary processes in some distant part of the body.

It is quite apparent that the control of intimate and fixed habits of patients with chronic prostatitis offers the most baffling problem. Alcohol is excreted by the prostate and testicle in about the same concentration as it is excreted by the kidney. Patients must not drink alcoholic beverages if they want to be cured of prostatitis. However, when patients are improved by treatment the desire for one or two drinks often outweighs the desire for abstinence and a doubtful promise of complete cure. The same holds for aberrant sexual practices. It may well be that practically all of the failures to actually cure rather than temporarily relieve these patients are due to these factors.

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DIVERSION, RELAXATION AND SLEEP

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In these strenuous and anxious times it seems appropriate to discuss proper diversion, relaxation and sleep and the establishment of better poise as important in offsetting the debilitating effects of prolonged nervous or mental tension associated with such factors as overwork, worry, anxiety, jealousy, and fear. These insidiously acting states, if allowed to sap your reserve forces will sooner or later lead you into difficulties which will impair your effectiveness in work, your own happiness and that of your family. Furthermore, they will produce functional symptoms which will lead to physical discomfort, impair your resistance to disease, and will, over a period of time, either initiate or combine with other factors to produce real organic changes affecting particularly the arteries, the heart and the digestive tract, as well as the endocrine or ductless glands.

Based on a radio address over Station W P R O, Sunday, April 2, 1939, under the auspices of the Committee on Education, State and National, of the Rhode Island Medical Society.

We have two types of nerve tissue. One—voluntary—which acts on the muscles controlling physical effort. The other—involuntary—controlling the action of the heart, arteries, the digestive tract, glands, and skin. It is the latter that gets the greater abuse, particularly through our emotional states. This nervous system is highly organized; its sensitivity varies in different people. The more artistic and imaginative the individual the more sensitive the mechanism which controls his functions. One's fitness, one's effectiveness or one's success must come eventually through continued control of the nerve impulses, especially emotional, which course through the body.

An example of this is seen in the story of Mr. X, who recently came into my office for a physical check-up, believing that something must be physically wrong because his heart was pounding, sometimes irregularly, and he became short of breath on walking up hill. He was tense and tired easily. His appetite was not good. He complained of indigestion, bowel and other difficulties. His wife volunteered the information that he was increasingly nervous and irritable, slept poorly, worried much and seemed very different from what he used to be.

This is a frequent story in both women and men. The solution of the problem is not in drugs, except for specific purposes, but rather in finding out what is causing this change. All too frequently it is overstrain brought about by too long hours of strenuous, nerve-racking work, domestic discord, disappointments, financial reverses, unhappy love affairs, sickness in the family or other strains. Some of these can be corrected or ironed out. Those that cannot be altered must be met by improving one's philosophy of life or attitude toward the problem. It is proper first to have a thorough physical examination because physical disease must be ruled out. Then the individual must take stock of his native reserve force. He must know himself, his weaknesses and strong points. With this evaluation, Mr. or Mrs. X can arrive at an understanding of the mechanism or the factors that are operating in the sapping of his or her vitality and resistance and adopt the corrective measures.

Knowledge of one's self comes first, then appreciation or understanding of one's problems in life or, in other words, knowing if there are incompatabilities existing between the individual and his work or contacts in life. Here there is an opportunity to alter or modify conditions in order that they may better fit one's strength, temperament, abilities, and training. It is necessary to work harmoniously with one's environment, otherwise there cannot be proper relaxation. It is no different from the problems of the sailor. He must know his craft, the wind and tide; and with his hand on the tiller, with shift of sail, he can make good headway, or panically lose ground, according to his reserve strength, courage, resourcefulness, training, and judgment. Certainly he would not put out in a sea that his craft or his skill was not fitted to cope with. Yet sometimes a squall will come up which will test his skill and judgment to the limit. It is here that his reserve forces will tell the story.

Several years ago, a patient gave this story: He found himself getting short of breath on inclines, had palpitation of the heart, wakened at night with a feeling that he could not breathe easily and had some distress in his chest. A tensive, hard working individual, he related that in the stress and strain of important board meetings, of which he was chairman, he felt some of these symptoms, particularly when he became irritated. His blood pressure, when I saw him, was normal. Purposely, I induced in him a state of anger and resentment. His blood pressure then showed a rise of nearly fifty points. Then I talked with him about his favorite hobby—he became absorbed and relaxed. Again his blood pressure was normal. After these figures were placed before him, he altered his former habits in life and business and for the last ten years has felt quite well. He seriously adopted diversion, relaxation in work, and sleep, to good effect.

Another patient, a tensive, over stout, hard working man, ate too much and took too little exercise and diversion. He had too much drive and could not seem to relax. He not only showed an increase in his blood pressure but his kidneys were not keeping up with their burden. After a period of rest and relaxation with reduction in weight, his physical condition became normal.

One very pernicious habit of many people is to talk repeatedly about their feelings or symptoms, their illnesses or operations, or their hard luck, both in the home and at social functions or in contact with their friends. Do you realize that by doing so, you are not only making your own nervous state worse, undermining your usefulness as well as your popularity, but you are furthermore unwittingly drawing upon the sympathies and reserves of your family and friends and making it harder for them to meet their problems?

It is far more healthful to try to adopt an optimistic attitude, to turn your thoughts away from yourself, to put on a bold front and a smile and say all is well with the world. There are times, however, when pent up emotions require release and the telling of your troubles to someone helps you. In this instance choose someone who can be a wise counselor; it may be a close friend, your religious advisor, or your physician. Repeated rehearsals, by thought or expression, of depressing experiences serve only to perpetuate or keep alive these unhappy episodes in your life. Those who resort to this kind of interest in life are not only thoughtless and selfish but they are doing injury to the cause of mental and physical health. Other people too often lay the blame for their state of affairs on someone else and become intolerant, too often seek excuses, build up defense mechanisms in an effort to justify their situation or to get by. Some resort to drugs or alcohol. These methods tend to prolong the difficulties. They are false and often vicious solutions of the problems and are definitely opposed to the principle of diversion, relaxation, and restful sleep.

How can we offset these devitalizing factors of overwork, nerve strain, worry, anxiety, jealousy, or fear, often leading one to despair and prevent their destruction of efficiency, even to the point of exhaustion? The answer seems positively conclusive. First, correct the factors causing the difficulty if possible. Adopt the reparative measures of diversion, relaxation and restful sleep and also try to find a workable philosophy of life. The solution again is not in drugs unless, for example, there exist very suggestive or definitely proven deficiencies requiring specific treatment.

One should adopt diversion as early in life as possible and should develop hobbies and interests outside of required daily work for it is much more difficult to acquire and enjoy them later in life. One note of warning should be given here where physical exercise enters into your plan for diversion. Proper exercise is important, but consider first your physical condition, your age, or what you have been accustomed to doing in the past in this respect. Sudden changes to violent or prolonged exertion, with lack of fitness or training, may bring on physical discomfort, leave exhaustion or a prolonged reaction. This is only doing harm. For instance, too severe or prolonged physical strain, especially in middle aged or older people, is seen often to produce undue breathlessness, symptoms of oppression or distress in the chest or upper abdomen, thought to be indigestion, or cramps and pains in the legs. Any of these symptoms may lead to serious trouble if the strain continues. Certainly, such symptoms should lead you to consult your physician. Swallow your pride if necessary and admit to yourself, at least, that you cannot always continue to do the things which formerly you could easily do. Try to grow old gracefully. Take exercise but within the circle of your fitness and comfort.

Relaxation is a much more difficult problem, as pointed out in a reference to Dr. Jacobson's book on "You Must Relax": "There is more in relaxation than just making up your mind to it. Neither the doctor's orders or your own will power can impose relaxation on your body. There is a method which must be acquired for relaxation to be really effective." We gain relaxation only by real training and constant effort.

Here let me tell you the story of accomplishment in this direction by a man whom many of us have admired. I have known him for nearly twenty-five years and have seen him in many difficult situations which called for quick and calm thinking, yet never have I seen him ruffled or lose his serene and deliberate attitude. The effectiveness of his work tells the result. This man once told me that in his early active work he found himself worried, upset, disturbed, and tired by the difficulties of the day. He sat in his office chair after one of those days and reasoned out his philosophy of life in work. He recalled the advice of his old college professor, "Gentlemen, if you would live usefully and happily for yourself and others, if you would be a good citizen, follow a life of *sweet* reasonablness." From that time on, with effort and persistence, at first with difficulty, he developed an attitude, a control and poise, a relaxation at work that has been a model to follow. He has been in many difficult and responsible situations, had adversity and disappointments, yet never have I seen him lose his equanimity, his smile or his adopted philosophy of life.

You can attain relaxation in work or play, even in critical moments, by conscientious training and effort. Larry Kelly, the great football end at Yale, attributed his ability to catch forward passes to deliberately setting about, early in his football experience, to attain relaxation even in most tense

football struggles. Watch the professional baseball player to note with what grace and ease he takes a difficult assignment in the presence of a howling mob of fans intently watching him. On the other hand, I recall a football game where the captain of the team playing safety man in the backfield was so nervous and tensive that he dropped four successive punts which went directly into his arms.

How often we see the tired business man, seeking diversion and relaxation in golf, carrying his nerve tension, irritation and drive into his competitive game, destroying much of the value he fools himself into believing that he is getting, particularly that of relaxation. Likewise, how many women are piling up nerve fatigue through their too frequent, long, tensive and sometimes bitterly contested bridge games.

Too often you, as well as many others, fail to acquire real relaxation because you become so engrossed and keyed up by your work or play, your bridge games or other over-stimulating interests that you lose your perspective. What was originally planned as an accomplishment, a diversion or outlet, becomes a dragnet — or better, an octopus — to engulf you and absorb all your waking hours and nervous energy. This may be at the expense or neglect of other duties or interests which on serious thought you will realize you hold dear in life.

This urge, excitement and nervous drive, then, in reality, becomes close to a mania. This cannot go on indefinitely, otherwise sooner or later you begin to wonder why life is not going smoothly, why you fatigue so easily, cannot relax or sleep well and why you have headaches and indigestion.

If you keep before your mind the idea that the well balanced life is the strong and resourceful life and that it necessitates the proper proportions of rest, work, and play, you will, with thoughtful understanding, more moderation, real training in relaxation, and the development of a better poise, certainly help yourself to escape from the meshes of this dragnet or the strangling clutches of the octopus.

As for restful sleep—all the cells in your body, both nerve and others, need regular rest. Unless you give consideration to sleep and its reparative factors, to the storing up of energy and reserve for the next day, you are living contrary to nature. Repeated violation of this law of nature over a period of time will take its toll. You will be the one to pay the penalty. It is well to remember that rest is the most time honored and important remedy even today in dealing with functional as well as disease states.

I am not going to try to explain to you specific methods of attaining relaxation and sleep as it is my purpose only to try to point out factors that may be opposing them, with suggestions in the nature of readjustments in your life. Perhaps such readjustments alone will solve your problems. For those who wish or need more specific measures or training in how to relax and sleep well, I know of no better advice than that so ably presented by Dr. Edmund Jacobson in his two books: "You Must Relax" and "You Can Sleep Well."*

Finally let me urge all of you who have become more or less reckless spenders of your nervous energy *to pause* and *consider* what you are doing, where you are going, and how you are going to get there. *Then take stock* of your reserve forces. You may at any time, by necessity or real emergency, be called upon to use them. If they are depleted, you are quite apt to find yourself led insidiously into some unhappy dilemma. If the real facts were known how often could the lack of diversion, relaxation, and sleep be found responsible for domestic misunderstanding, divorce, accident, and tragedy. How often lack of courtesy, accidents, and deaths occur on our highways as well as in our industries and in fact all walks of life for the same reasons.

Mental hygiene and other agencies in this country are doing much in close association with medicine to help in this problem. I am sure the essence of this work is to teach and urge that each individual know himself, his weaknesses, his strengths, and set his sails for the kind of craft he is sailing and the type of water he is apt to meet. If he does this, finds his own workable philosophy in life and adds the proper proportions of diversion, relaxation, and sleep, and thereby acquires better poise, he will live not only a much longer and happier, but a more effective life.

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*"You Must Relax," priced $1.50, became the best seller in its class in 1934. The Journal of the American Medical Association speaks of it as "real help." The *Chicago Daily News* says, "The most important book of our time." "You Can Sleep Well," priced $2.00, was published in 1938 and is the result of thirty years of careful study and observation by the author. These books give you instruction in methods to conquer lack of relaxation and proper sleep. They are published by Whittlesly House, McGraw-Hill Company, Inc., 330 West 42nd Street, New York.

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VOLUNTARY HEALTH INSURANCE

A perfect plan for the prepayment of the costs of medical services incurred in severe illness would be a blessing to persons in the so-called "low-income group." Every practitioner knows the tragedy that sickness brings to the family whose income is barely able to cover its needs when all hands are well. A method of prepayment with a spreading of the costs of individual illness over a large group, in other words an insurance plan, which could be applied equally, which would in no way diminish the quality of the service furnished and whose application would not involve cumbersome and expensive machinery and would be proof against collusion and abuse — such a plan would be a blessing indeed.

A little study into the problem leads one to feel that to expect perfection in a plan for voluntary health insurance is like expecting to find perfection in human character or municipal government. That a workable plan may be found for any given community or state, a plan whose advantages might reasonably outweigh the obvious disadvantages and difficulties that must be involved, is certainly within the bounds of possibility. At the present time several hundred plans are being prepared and some are being tested by actual use throughout the country. This fact is an answer to those critics who have said that physicians are unwilling to endeavor to improve the methods of rendering professional service.

An attempt to carry out such a plan must be considered as a deliberate experiment on the part of the medical profession which sponsors it. Such an experiment in the delivery of medical care, in order to constitute a real step in advance, must conform to certain definite stipulations. These have been admirably stated by the Wisconsin Medical Society and may be summarized briefly as follows:—

(1) Service to patients must not be deliberately cheapened, even if the premium proves insufficient.

(2) Free choice of physician must be maintained.

(3) A hope of increased profit to the physician must not be a motivating force in the experiment, nor must extra services be involved for which the physician may collect extra fees.

(4) There must be no hope of profit for the organization promoting the experiment, but on the other hand the whole body of physicians who are to render the services must be solidly behind the undertaking and willing to carry it out even if the income from premiums turns out to be inadequate to pay for such services by any reasonable standard.

(5) The experiment must be begun on a small scale and abandoned promptly if it does not prove successful.

It is well to remember that there are a number of factors which must be carefully considered before such a plan is adopted. In the first place group hospitalization, which is about to be established in Rhode Island, is a means of lifting a large part of the burden of serious illness. Furthermore the insurance against loss of wages which has been suggested by the National Health Conference and approved by the medical profession, if adopted, will prove to be another unobjectionable method of lightening the load. If there is to be added to these two methods of relief further insurance covering all medical services and thus wiping out all the costs of illness, the tendency of a patient to be willing to remain on the sick list and the temptation to collusion with an unscrupulous physician are obvious. Another knotty problem is the difficulty or impossibility of calculating the risk of illness, which makes premium fixing a matter of mere guesswork. This is complicated by the fact that those in the "low income group" who will most eagerly seek insurance are those who feel that they are likely to need it — in

other words those who are poor risks. The method of evaluating risks, fixing and collecting premiums, making and enforcing regulations governing the work of the physicians under the plan may well involve so much cumbersome organization as to render the whole scheme top-heavy and unworkable. There is also the final consideration that in some countries, notably in Denmark, the establishment of voluntary insurance has led directly to general compulsory insurance with its inevitable degradation of medical service and bureaucratic and political control.

The Providence Medical Association is at present studying the possibility of the establishment of a Voluntary Health Insurance plan. In this study it will be necessary to consider the question of actual local need and of local demand, if any, for such a service. It is to be hoped that no attempt will be made to commit the Association and the Community to anything more than a small scale experiment which can be expanded if successful and which, to be successful, must have the backing and cooperation of the entire membership.

PROVIDENCE MEDICAL ASSOCIATION

Minutes of the April Meeting

The regular meeting of the Providence Medical Association was called to order by the President, Dr. Harry C. Messinger, on Monday, April 3, 1939, at 8:45 p. m. The minutes of the preceding meeting were read and approved.

The Secretary reported for the Standing Committee as follows:

1. That the Standing Committee recommended the endorsement by the Association of the Basic Science Law now before the General Assembly of the State.
2. That the Standing Committee recommended that the Providence Medical Association endorse House Bill 798 as proposed to the General Assembly by the Rhode Island Dental Society as being an Act for the strengthening and raising of the standards of regulation for dentistry.
3. That the Providence Medical Association adopt a resolution favoring an appropriation by the City of Providence to the City Health Department to carry on a program of tuberculosis prevention and treatment, and further, that copies of any such resolution be sent to the City Council upon adoption.

President Messinger announced the appointment of the following committees: To prepare the obituary of Dr. Clifford B. Colwell — Dr. A. H. Barnes and Dr. G. F. Conde. To prepare the obituary of Dr. Arthur H. Harrington—Drs. W. L. Munro and A. H. Ruggles. To prepare the obituary of Dr. Arthur T. Jones—Drs. A. H. Miller and F. V. Hussey.

The Secretary reported that the Standing committee recommended Dr. Michael Arciero and Dr. Peter F. Harrington for membership in the Association. On the motion of Dr. Muncy both these applicants were elected to membership.

Dr. William Muncy presented a resolution regarding the proposed Basic Science Law now before the General Assembly.

WHEREAS, the obligation of the medical profession is to safeguard the health of the citizens, and

WHEREAS the medical Profession of Rhode Island has always advanced legislation which is for the best interest of the people and their health,

THEREFORE, The Providence Medical Association, in meeting assembled, endorses fully the Basic Science Law proposed to the present General Assembly as an Act directed toward the better protection of the health of all in Rhode Island, and

FURTHER, urges that this Act be given full and favorable consideration by the Legislature in its present session.

The resolution was adopted as read.

Doctor John G. Walsh presented a resolution regarding the proposed dental legislation now before the General Assembly, as follows:

WHEREAS, the Rhode Island State Dental Society has proposed to the General Assembly of Rhode Island an Act in amendment of the General Laws for the regulation of the practice of Dentistry, and

WHEREAS, this Act, known as House Bill 798, would establish very rigid requirements for dentists and would thereby raise the standards of the dental profession even higher in this State,

THEREFORE, the Providence Medical Association, in meeting assembled, endorses such commendable legislation, and urges that the General Assembly of this State pass favorably on this measure at its present session.

The resolution was adopted as read.

Doctor William P. Buffum, on behalf of the Committee on Tuberculosis of the Association, presented the following resolution relative to the ap-

propriation of city funds to the Health Department to carry on a tuberculosis program:

WHEREAS, Tuberculosis is still the greatest cause of death among young adults, and

WHEREAS, It is well known that the tuberculosis death rate in a community can be definitely lowered by Health Department activities, including the control of those who are spreading the infection, and promoting the examination of those who have been in contact with active cases, and

WHEREAS the Providence Tuberculosis League, which has been doing tuberculosis control work for the City of Providence, will be forced to curtail its work on account of the lack of funds, and

WHEREAS it is generally recognized that tuberculosis control is a proper function of a City Health Department,

THEREFORE, The Providence Medical Association recommends that the City Council of the City of Providence appropriate funds to enable the City Health Department to establish a Department of Tuberculosis Control.

The resolution was adopted as read, and the motion passed that a copy of the resolution be sent to the Common Council of the City.

The President stated that at the suggestion of the Standing Committee a meeting of the president and the secretary of each of the district societies, together with the president and the secretary of the State Medical Society, would be held in the near future to discuss plans for closer cooperation between the various groups.

The business meeting being concluded, the President introduced Dr. Eske H. Windsberg, who presented the final report of the Committee on the Need and Supply of Medical Care, giving in full detail the results of the findings of the committee as the result of its six month study of the problem for the American Medical Association. The paper was discussed by Dr. A. Corvese.

Dr. J. Edwards Kerney presented the subject "Seminal Vesiculitis" which was discussed by Dr. Eric Stone and Dr. John Streker. The topic "Chronic Prostatitis" was presented by Dr. Howard K. Turner, and Dr. V. Oddo offered discussion afterwards.

The meeting was adjourned at 10:40 p. m. Attendance 81.

Respectfully submitted,

HERMAN A. LAWSON, M.D.,
Secretary.

Report of the Committee for the American Medical Association of the Need and Supply of Medical Care

FINAL REPORT COMPILED BY
ESKE H. WINDSBERG, M.D.
223 THAYER STREET, PROVIDENCE

During 1938 the Board of Trustees of the American Medical Association encouraged state and county medical societies throughout the country to collect information concerning medical needs, and to formulate preferable procedures to supply these needs in accordance with established policies and local conditions. For this purpose Doctor Alex M. Burgess, then President of the Providence Medical Association, appointed a committee to study the conditions in our district and to complete a survey. With the able assistance of our executive secretary a large mass of information was obtained from physicians, dentists, pharmacists, hospitals, nursing associations, health departments, colleges, schools, welfare and relief agencies in the cities of Providence and Cranston, and the towns of Barrington, Bristol, East Providence, North Providence, and Warren. The area embraced in the survey contains a population of 353,197 persons, 456 physicians, 224 dentists, 11 nursing agencies, four health departments, 34 welfare and relief agencies, 16 school organizations, and six colleges.

I. EXISTING FACILITIES FOR MEDICAL CARE.

In the area studied there is a doctor available to every 774 persons, a dentist to every 1576, and a nurse to every 500. For the country at large there is one doctor to about every 785 persons.

The nine hospitals in the area have a total of 1813 beds. Of these, 402 are in private rooms, 371 are in semi-private rooms, and 1040 are in wards of five or more beds each. Analyzed in another way, this total of 1813 beds is composed of 741 devoted to general medicine and surgery, 335 to maternity cases, 208 to children, 236 to nervous and mental patients, 57 to tuberculous, 65 to infectious, and 171 to other specialty patients. (Table) During 1937 the private beds enjoyed an occupancy of 22%, the semi-private beds 21%, and the ward beds 57%.

The daily rates for hospital care vary between $3.00 and $4.00 per day for ward bed, $4.00 and $6.00 per day for semi-private beds, and $5.00 and $10.00 per day for private bed occupancy.

Presented before the Providence Medical Association, April 3, 1939.

There are, in our area, 63 clinics, of which 52 are operated by hospitals, two by health departments, and nine by welfare and relief agencies.

Fifteen private agencies and two governmental agencies in this area arrange for or provide medical services for indigent and low income group patients. Six agencies embrace care in a physician's or dentist's office; six, medical care in the home; fourteen, hospitalization; eleven, the supply of drugs, eye glasses, and surgical appliances.

Fifteen school health services in this area supply health supervision to one hundred and fifty-six schools, embracing all the schools below the college level. Three health supervision services are under the control of boards of education, three under health departments, and nine under some other agency.

TABLE

TOTAL NUMBER OF HOSPITAL BEDS (*Providence District*)

For	*In Private Rooms (1 bed only)*	*In Semi-private rooms (2-4 beds)*	*In Wards (5 or more beds)*	*Total No. of Beds*
General Medicine and Surgery	48	109	584	741
Maternity (bassinets 249)	63	145	127	335
Children	68	38	102	208
Nervous and Mental	144	4	88	236
Tuberculosis	3	8	46	57
Infectious	24	17	24	65
All Others	52	50	69	171
Total	402	371	1040	1813
Occupancy	22%	21%	57%	

Preventive Medical Services

One hundred and ten, or 57% of the 191 physicians reporting, performed preventive medical services in private practice. Ten did such work for health departments, and fifteen for other agencies. All children who entered school for the first time in 1937 were successfully vaccinated against smallpox. Of each 1000 children born alive during 1937, 250 were immunized against diphtheria by the City Health Department of Providence alone. 95% of all children are immunized before entering school.

Only 0.8% of all births were unattended by either a physician or a midwife. Of the total number of obstetric patients reported, 40% waited until after the third month of pregnancy to consult their physicians.

II. FREE AND PART-PAY MEDICAL CARE

The facts and statistics presented up to this point embrace a more or less composite picture of all the facilities for medical care which exist in our community and its immediate environs, and relate to the services available to all income groups. We now present data referable specifically to medical care available and given to the free and part pay income groups. This data is for the year 1937.

In the home, office, or hospital, 191 physicians reported rendering of free service to 16,286 persons, an average of 85 for each physician. The 55 reporting dentists gave such free service to 1689 persons. In outpatient departments, to free ambulatory patents, physicians devoted 31,022 hours, dentists, 2,053 hours. In addition, 23,734 visits for free or part-pay dental care were handled at the Joseph Samuels Dental Clinic during the year.

In the hospitals, 12,980 patients were classed as part-pay, 258 as public charges, and 11,588 as free patients. Of the 486,440, total patient days of hospital care given during 1937, in the nine hospitals in the area, approximately 46% were given to pay and part-pay patients, 2% to public charges, and 52% to free patients. In outpatient departments 43,661 patients were seen, enveloping a total of 204,875 visits. Seventy-five per cent of a total of 196,686 nursing visits were made without charge to the patients. In many instances pharmacists compounded prescriptions free of charge and also at cost or for reduced fees. The annual reports of the Providence City Health Department and of the State Unemployment Relief Commission indicate that adequate arrangements exist in the area included in this study for the provision of medicines to the indigent.

Standards or Procedure Used to Determine Inability of Patients to Pay for Medical Services

Definite standards and procedures exist to determine the inability of patients to pay for medical services. One general hospital requires that recommendation be made by a physician, and the patient's status gone into thoroughly by an admitting physician and a social service worker in the admitting office. A second general hospital makes its determination through a social service department. A third general hospital states that it delves into the earning capacity of members of the family, the

size of the family, its living and economic conditions, and also considers the recommendation of the referring physician. The fourth general hospital in this area states that all patients are social serviced. As a general rule patients from a family of three, with a weekly income of twenty-one dollars or less, where the wage earner is not the patient, and those from families of five with a weekly income of thirty dollars or less, are usually considered clinic cases. Exceptions are made, but this is a gauge to go by. People having incomes above these are informed that they must consult their family physician in his office.

Sources of Funds

In surveying the scope of free and part-pay medical care, the sources of funds for the payment of medical care for the indigent, other than payments made by patients themselves, were determined.

Sixteen agencies reported that they received either city of county aid; four, State aid; one United States government aid; fifteen, aid from Community Chest funds; eleven, funds from philanthropic agencies; fourteen; individual donations; four, from student's fees; and one reported receiving aid from college funds.

III. Need for Medical Care

Hospitals and Agencies

There were very few cases which needed hospital care but were not admitted as bed patients. At St. Joseph's Hospital none were refused admission. At the Rhode Island hospital chronically ill patients were not admitted. At the Homeopathic hospital a few were refused because their financial condition indicated an ability to consult a private physician in his office. At the Miriam hospital ward beds are occupied most of the time and occasionally applicants for ward beds, (other than emergency cases), were placed on the waiting list. At the Lying-In hospital patients were refused only when investigation showed that the patient was able to afford a private physician. The Charles V. Chapin hospital, a municipal hospital, refuses no Providence resident admission or treatment because of lack of ability to pay for services. At Butler hospital a number of senile patients could not be admitted because of the lack of suitable accommodations. At the Osteopathic hospital twenty-five patients were refused admission because of the lack of accommodation. At the Bradley Home for children none were refused.

It is apparent that a few patients, for one reason or another, were not admitted to the hospital to which they first applied. It does not follow that no hospital admitted them. The likelihood is that some hospitals did, in most instances, accept them. However, there is indicated a definite lack of proper accommodations for the elderly mental cases and for the chronically ill.

During 1937, likewise, there were very few patients needing medical services who were turned away from outpatient departments. The reasons given for turning any away were first, that the patients were not recommended by a physician, and second, that the patients could afford the services of private physicians.

Thirty-six patients were reported as having been visited by nurses, during 1937, who were not receiving medical care. One of these endeavored to secure medical service but was unable to. In this case it was due to the person's unwillingness to pay a physician's bill of many years standing. In the other 35 instances no attempt was made to secure medical services. It would appear that no one, regardless of ability to pay, need go without necessary medical care except through ignorance or unwillingness to accept medical care.

The Health Department rendered 8,808 visits for medical care in the home during 1937. Not a single instance was reported where medical care could not be obtained when services were requested from the Health Department. Very few cases were reported to the department as in need of medical care and not receiving it. Service was always available and the only reason for these few not receiving medical care was the refusal of the individual in each instance to accept treatment. Ten mental cases in need of medical care, but not desiring it, were given care just the same.

Welfare and relief agencies reported very few cases as needing medical care which could not be furnished or obtained. Difficulties encountered for those who desired service were limited to dental care. It is impossible to estimate the number of persons who needed but did not receive dental care during 1937. With respect to needed medical or hospital care the chief general difficulty encountered was the resistance on the part of some families and individuals to accept free care, due to the impression that such care is not as reliable as private care. The Family Welfare Society reported that it was able to arrange for all the needed medical and

hospital care of families or individuals known to its organization, during 1937, with the exception of dental care for adults. The Providence Tuberculosis League reported that any failure to secure needed care was due to refusal of the patient to accept it.

Schools and Colleges

In the elementary and secondary schools, during 1937, it is doubtful that any pupil in need of medical care could not obtain it. In general, failure to obtain care was due to negligence in following the recommendations after examination. The majority of the difficulties here, too, revolved about dental care. In the Department of Public Schools of Providence the program of health and physical education and health service is beyond doubt entirely adequate, thorough, efficient, and comprehensive.

Dental service is limited to children of the kindergarten and the first three grades, whose parents make signed statements of inability to pay a private dentist and request free services. Emergency dental service is given to any school child suffering toothache at any hour of any clinic session on signed parental request. Clinics are conducted each morning of every school day.

In the universities and colleges not a single case was reported as being unable to obtain needed medical care.

Physicians and Dentists

During 1937 eleven physicians and seven dentists, answering our survey, reported instances where services could not be obtained.

IV. Comments and Suggestions

Comments were invited from physicians and dentists, and from the various agencies, concerning the need for medical services and the methods considered necessary to supply these needs.

The replies from PHYSICIANS in this regard are summarized as follows:

I.	Total number of physicians to whom form was sent		456
II.	Total number of Physicians who returned forms (42%)		191
III.	Total number of Physicians who offered comments (80% or 191)		153
A.	1. Present system and facilities satisfactory and adequate	48	
	2. Chronically ill inadequately cared for	4	
	3. Group Hospitalization advocated	7	
	4. Plan for Low Income Group	2	
	5. Small communities lack proper arrangements	9	
	6. General economic factors stressed	23	
			—(112)
B.	Clinics and free care abused		28
			— (28)
C.	Drastic changes and suggestions		13
			— (13)

Verbatim comments representative of the various groups in the above table are as follows:

"To my knowledge the public is well cared for by the medical agencies, and any change might become a detriment to the public health and the medical profession."

"I believe that the medical profession is doing a good job at the present time in taking care of the public; they sift out the cases, and it is a matter of honor that require special duty or examination get just that. Most cases are trivial but the layman doesn't think so, and if the decision rested with the public the cost of taking care of them would be huge, and worst of all, unnecessary. There couldn't be hospitals enough because every patient would decide for himself that he required hospital care."

"Present organization of medical care in this community is adequate providing that the institutions now giving the care receive adequate financial support so that they do not have to curtail their work."

"Those who suffer for lack of care in illness here in Providence do so largely through their own ignorance or carelessness. I believe a well-handled insurance plan for hospitalization would be most wise and helpful."

"In Rhode Island the need for proper care of the chronic indigent cases of sickness is present. Probably will be solved some day when a suitable institution is erected."

"I believe that there are sufficient hospital facilities in this state to care for all who need it, if the communities without hospital facilities would recognize their obligation to the indigent and make appropriations to recompense hospitals in adjoining communities."

"The present plan of medical services is very satisfactory. Agencies should lay more stress on food, shelter, clothing, etc., than they do on medical care. I have seen many instances where a family with a goodly supply of cough medicines, cod liver oil, etc. (obtained through relief agencies), with very little food, coal, etc. (refused by these same

agencies). My motto, 'Give them food, clothing, and shelter and let our present medical plan as it is!' "

"Medical services are adequate. Industry is not adequate to provide sufficient wages to individuals as breadwinners to eliminate the prime cause of illness, which is mal-nutrition."

"I feel that lower income groups do not get the proper medical attention; while they are seen medically, the cost of giving adequate care is beyond that of most clinics. Some effort should be made to raise this. I also believe that physicians should be compensated for their clinic time, and in this way the needy physician would be able to maintain a proper standard of living and to advance his own medical education. Who will pay for all this I do not know. One assumes that it will be the government, which means in the last analysis that it is the people."

"Over 40 years in practice. Present system is wrong and always has been, and it's the doctor's own fault. Had he insisted 50 or 100 years ago upon being paid for his services, like everyone else, at the hospitals, whether by state or city, or in any way so the tax would be equally divided by all, we would not find ourselves now in this position."

Dentists

Of the 224 dentists to whom questionnaires were sent, 55 made returns; of these latter, comments were made by 26. Comments fairly representative of this group are as follows:

"There is a definite need for dental attention — both preventive and restorative. The general public probably could be better served by standardization of fees, a dental group plan controlled by the American Dental Association, a listing of practitioners who are willing to work at a reduced fee for special cases referred by a government or private relief agency. All dentists allowed to enlist their services."

Hospitals, Nursing Agencies, Health Departments

1. "We believe that there is adequate care for all indigent persons in our community, but that public funds should be made available to private charitable hospitals for the care of the indigent. Under the present set-up, public funds are not adequate to care for all, and persons on part time work, WPA, etc., considered as employed, are not eligible for hospital assistance in case of illness of members of their families. In addition, the $2 per day allowed by the community relief agencies is a meager part payment to the hospitals for care of patients whom they do approve for aid." (From a general hospital)

2. "I cannot believe that anyone in this community fails to receive needed care. I do feel that many receive free care who might well pay a private physician. I think the hospital owes it to the physician to spend money in investigation of applicants for free care, even for care in the out-patient departments." (From a maternity hospital)

3. "There is difficulty in getting hospital care for sick poor of the town in the city hospitals. An appropriation from the town to the hospitals would be the answer." (Barrington district Nursing Association.)

Several agencies voice the lack of dental care, and state that clinic service is not available for children over twelve years of age. From a nursing agency comes a plea for more preventive medical measures, with the hope that periodic health examinations may be given to every person, and thus many major illnesses checked. A child guidance clinic reports "a need for additional child guidance clinics and child psychiatric care, both clinical and institutional, on a free basis." Private funds, they feel, can meet these needs only partially.

One agency complains of the lack of preventive medicine among the needy; the low wages of the employed members of the families prevent the purchase of oils and other expensive medications for the children. A private school states; "Believe the City Health Departments should supervise an annual physical examination of every school student, parochial, private, and public."

Summary

The statistical report and the comments from all sources bear witness to the very full facilities for medical care which exist in this district. Since no part of the state is more than fifteen miles from a city, and because of our excellent roads and efficient means of transportation, these facilities should be within the reach of all people who require and desire professional care. In Providence the indigent are well provided for by the numerous and varied relief facilities, clinics, and charitable organizations, in addition to the free services of practically every physician and dentist. However, it seems that there is a definite need for a well-defined program of education regarding the existing agencies for free care. The people should be taught to

seek medical care in the early stages of illness; they require instruction in the methods of contacting the proper agencies without wasting, often, a great deal of valuable time. In addition, a stronger control by the Medical Society over the health and welfare agencies which direct patients to clinics seems indicated, in order to prevent the abuse of free facilities by persons who can well afford private care, and to prevent duplication of effort.

Many of the smaller communities surrounding Providence have failed to appropriate sufficient funds for the medical care of their indigent. This defect was alluded to in the numerous comments that were sent in. The privately endowed hospitals of Providence have experienced a great reduction in their income in recent years and have had to refuse the use of their facilities to the indigent who are non-resident. The institutions now giving the care in our district should receive adequate financial support, either from private or from public funds, so that they will not have to continue this policy.

From many sources—from dentists, physicians, nursing services, and relief agencies—attention is focussed on the lack of full facilities for dental care in adults and in children above the age of twelve years, among the indigent. Likewise, from many sources, attention is called to the need of proper facilities for the hospitalization of chronic cases and senile patients. When we view the trend of our vital statistics over the past 35 years it is evident that there has been a steady increase in the per cent of persons over 60 years of age in our population. This increase is due to continue and to create new problems in the care of the elderly and the chronic. Dr. Walter B. Cannon, in his William Henry Welch lecture "Homeostasis in Senescence,"[1] recognized this phenomenon and saw a possible solution when he stated, "New problems are sure to arise with these changes of age distribution. The burden of old age benefits will increase. The reserves for old age security will have to be amplified. More accommodations for the senile, the blind and the bedridden must be provided. Associated with these extra demands there may be (necessary) fewer accommodations for children—a lessened expenditure for child welfare, for schools, and for hospitals for infectious diseases. Perhaps as these alterations occur there may be greater attention to geriatrics and less to pediatrics." In short, the problem of providing proper care for the chronic and the senile is with us, and, recognizing the problem, there is little doubt but that this Society will exert its efforts toward a speedy solution.

All the sources of information which this survey reached attest to the fact that economic distress has been, and is, a most important element in creating the need for and obstructing the supply of medical care. "Give the people steady employment, give them adequate wages, and they will solve their own problems," is an oft repeated comment. Currently, the United States Public Health Service[2] notes that the pneumonia case rate among relief families is more than twice that in the upper income brackets. This is a fact that every physician and welfare worker can amplify a hundredfold, with respect to most of the other maladies known to mankind. *Adequate food, clothing, and shelter* beckon the medical profession to champion them as compelling weapons of preventive medicine, and cannot be denied. They deserve emphasis today just as the Pasteurization of milk, a pure water supply, and proper sewage disposal did in the recent past. How futile, then, the cry for compulsory health insurance with its attendant evils of medico-political bureaucracy!

Thus the problem of the low income group becomes understandable Our first duty is to insist that what they, like the indigent, need more than anything else is the ways and means necessary to prevent morbidity. All too often problems created by dislocation of industrial finance and by political meddling with economic forces are thrown at the doorstep of medicine. Nevertheless, the need for distributing more evenly the burden of proper medical care among the low income group is recognized. Some plan to meet this need is recommended by many physicians and dentists. Any plan which is adopted, they most invariably urge, like the Group Hospital Plan, shall be on a voluntary basis and under the essential control of the medical profession.

ESKE H. WINDSBERG, M.D., *Chairman*
FRANK W. DIMMITT, M.D.
FRANK B. LITTLEFIELD, M.D.
HARRY C. MESSINGER, M.D., *ex-officio*

1. *Cannon, Walter B.*—N. Mount Sinai Hosp. 5:598 (Jan.) 1939.

2. U. S. Public Health Service Reports.

PAWTUCKET MEDICAL ASSOCIATION

Minutes of the April Meeting

A regular meeting of the Pawtucket Medical Association was held at the Nurses' Auditorium of the Memorial Hospital on April 20, 1939. The meeting was called to order by the President, Dr. Thad A. Krolicki. Thirty members and four guests were present.

There was considerable discussion concerning the advisability of having all members of the local association become members of the State Society. An opinion was expressed that the local society would be very lax if an effort was not made to have one hundred per cent membership in the State Society.

A paper was presented by Drs. J. E. Greenstein and R. E. Stevens on "The Treatment of a Series of Twenty-five Cases of Pneumonia at the Memorial Hospital with Sulfapyridine."

A set of resolutions were presented on the death of Dr. Byron U. Richards.

The meeting adjourned at 11:10 P. M. Collation was served.

Respectfully submitted,

JOHN H. GORDON, M.D.,
Secretary.

CHARLES V. CHAPIN HOSPITAL

Dr. Roger J. Forastiere left April 15 to accept a two-year residency in anesthesia at Bellevue Hospital, New York, He had served as resident since November 1, 1938 and for six months previous had been an intern at the Charles V. Chapin Hospital. The vacancy was filled by Dr. Robert W. Drew who had commenced an internship on the first of February. Dr. Drew was formerly at the Rhode Island Hospital.

Dr. Martin Glynn of Brooklyn, New York, who was graduated from Long Island College of Medicine in 1935, started a three-month service on April 1.

A six-month service was started on April 1 by Dr. Raymond E. Moore. He had previously been at the Rhode Island Hospital and is a graduate of Tufts Medical School.

Dr. Irving Blazar of Providence started a service of three months on April 3. He is a graduate of the University of Berlin, and was formerly an intern at the Homeopathic Hospital, Wilmington, Delaware.

RHODE ISLAND HOSPITAL

SCHEDULE FOR MAY, 1939

MONDAYS:
- Thoracic Clinic, 4:30 P. M.
- Surgical Conference, 12 Noon, May 8, 22nd.

TUESDAYS:
- Gastro-Intestinal Clinic, 9:30 A. M.
- Path. Conference, 12 Noon, May 9, 23rd.

WEDNESDAYS:
- Tumor Clinic, 10:00 A. M.
- Nurses Graduation, May 17th, 8:30 P. M.

THURSDAYS:
- Orthopedic Grand Rounds, 9:00 A. M.
- Thoracic Clinic, 11:30 A. M.
- Gyn. Staff Meeting, 8:30 P. M., May 4th.
- G. U. Staff Meeting, 8:00 P. M., May 25th.

FRIDAYS:
- Fracture Rounds, 11:00 A. M.
- Pediatric Grand Rounds, 11:00 A. M., May 5th, 19th.
- Heart Conference, 11:30 A. M.
- Surgical Staff Meeting, 8:00 P. M., May 5th.

SATURDAYS:
- Neurological Grand Rounds, 9:00 A. M.
- Medical Conference, 10:00 A. M.

On March 15th, Dr. John Weston, of Seattle, Washington, began a two years internship at the Rhode Island Hospital. Dr. Weston received a B.S. degree from the University of Washington and a M.D. degree from Harvard. He spent six months as intern at the Seaphimer Hospital in Stockholm, Sweden. Dr. Weston is married, his wife and son living in Ardmore, Penn.

On April 15th, Dr. B. A. Galuszka, of Chicopee Falls, Mass., who graduated from Tufts College and Tufts Medical School, began a two years internship at the Rhode Island Hospital.

On March 31st, Dr. Raymond E. Moore's internship terminated at the Rhode Island Hospital. On April 1st, he entered the Charles V Chapin Hospital for a six months internship.

RHODE ISLAND RECORD LIBRARIANS' ASSOCIATION

The regular meeting of the Rhode Island Record Librarians' Association was held at 3:30 P. M. on Thursday, March 30, 1939, at the Rhode Island Medical Library. Dr. William H. Foley, of Providence, gave an interesting talk on the "Legal Aspect of the Medical Record."

MARY NUNEZ, *Secretary*

RHODE ISLAND SOCIETY FOR NEUROLOGY AND PSYCHIATRY

The February Meeting of the Rhode Island Society for Neurology and Psychiatry was held at the John M. Peters House, Rhode Island Hospital, on Monday evening, February 13, 1939. The meeting was called to order by the President, Dr. Walter C. Weigner, at 8:35 P. M. The minutes of the last meeting were read and approved. The secretary reported for the standing committee, recommending the application of Dr. Kathryn L. Schultz for Membership. It was moved and seconded that her application be granted. It was so voted.

The standing committee recommended the election of the following as honorary members according to paragraph "C" of section IV of the constitution: Arthur P. Noyes, Harold Corson, L. A. Dalrymple, G. A. Elliott, G. M. Lott, Karl B. Sturges, Paul Everhardt, Philip Solomon, H. O. Colomb. Following discussion, it was moved and voted that these be honorary members.

The first scientific paper of the evening was presented by Dr. H. Houston Merritt of Boston, "The Diagnosis and Treatment of Epilepsy." The second paper was presented by Dr. Frances Cottington of Boston, "The Present Status of Metrozol in the Treatment of Mental Disease."

In the discussion Dr. Basil Bennett mentioned some new difficulties in the use of metrozol and presented films showing bone pathology principally in the bodies of the thoracic vertebrae. Dr. Philip Batchelder discussed these films. After further remarks the discussion was closed by Dr. Merritt and Dr. Cottington.

Meeting adjourned at 11:10 P. M.

NILES WESTCOTT, *Secretary*

RING SANATORIUM AND HOSPITAL

The Ring Sanatorium and Hospital, in Arlington Heights, has announced the appointment of Dr. Curtis T. Prout, as Medical Director to succeed Dr. Hosea W. McAdoo, who will enter practice in the South. Dr. Prout has had a broad experience in neuropsychiatry, having recently been associated as Senior Psychiatrist at the Neuropsychiatric Institute and Hospital, at Hartford, Connecticut. Former affiliations include the Henry Ford Hospital, Detroit, Michigan, and the Mayo Foundation, Rochester, Minnesota. He has served on the teaching staff at Cornell, Albany, and Columbia University Medical Schools. He has written numerous articles on various subjects related to his special field of medicine.

Dr. Prout is a graduate of Cornell, 1924, where he was a member of the Nu Sigma Nu medical fraternity. He was granted the degree of Master of Science, in Neurology, by the school of medicine at the University of Minnesota, in 1929, and was certified by the American Board in Neurology and Psychiatry in 1935. He is a fellow of the American Medical Association, American Psychiatric Association, American College of Physicians (associate); a member of the Association of the Residents and Ex-Residents of the Mayo Foundation, New England Society of Psychiatry, New England Society of Physical Medicine, Connecticut State Medical Society, Connecticut Society of Psychiatry, Hartford County Society, and the Boston Society of Neurology and Psychiatry.

AMERICAN CONGRESS ON OBSTETRICS AND GYNECOLOGY

The American Congress on Obstetrics and Gynecology is sponsored by the American Committee on Maternal Welfare. This Committee is composed of member organizations with a representative from each, forming the Board. The member organizations include the various national and sectional obstetrical and gynecology associations, hospital associations, public health organizations, and nursing associations.

The Central Association on Obstetrics and Gynecology proposed an American Congress on Obstetrics and Gynecology to study the present day problems on obstetrics and gynecology and their solution. The American Committee on Maternal Welfare was asked to sponsor this Congress. The Congress will be held in Cleveland, Ohio, September 11-15, 1939. The Committee expresses the purpose of the Congress, "To present a program of our present-day medical, nursing, and health problems, from a scientific, practical, educational, and economic viewpoint as far as they relate to human reproduction and maternal and neonatal care." This Congress is not in any sense a legislative body and naturally will take no action relative to maternal and infant care.

There will be sessions for each professional group in the morning with round table discussions. The afternoon meetings will have papers of general

interest to all members attending the Congress. The public will be invited to the evening sessions where there will be speakers of national prominence.

The program for the physicians will include among many others such subjects as pregnancy associated with: thyroid disease, heart disease, diabetes, tuberculosis, nutritional factors, carcinoma of the female genitive tract, and abortions.

The Congress is not planned as a meeting for specialists in any sense of the word but for all physicians who are interested in the problem of maternal and child welfare. Your Committee recommends this Congress as a week of postgraduate work which should be worth while much more to the physician than the time and expense incurred for the trip. The physicians of this state should be well represented at this Congress.

The membership fee of $5.00 includes membership in The American Committee on Maternal Welfare and registration in The American Congress on Obstetrics and Gynecology. Application blanks and further information may be secured from your chairman, or from The American Congress on Obstetrics and Gynecology, 650 Rush Street, Chicago, Illinois. Dr. Francis V. Corrigan, 610 Angell Street, Providence, is the Rhode Island State Chairman.

LOCAL EVENTS

February 28, Dr. Clifton B. Leech addressed the Malpighi Medical Club on "Questions and Answers on Diseases of the Heart."

March 20, Dr. F. Ronchese entertained the 34 Medical Club and read a paper on "Turban Tumors."

April 10, An open meeting of the Rhode Island Society for Neurology and Psychiatry was held in the Rhode Island Hospital Auditorium. The Program:—"Relationship of Vitamin Deficiencies to Neurological and Psychiatric Problems" Edwin F. Gildea, M.D., Associate Professor of Psychiatry and Mental Hygiene Yale Medical School.

"Symptomatic Psychoses with Special Reference to Bromide Intoxications" Paul W. Preu, M.D., Assistant Professor of Psychiatry and Mental Hygiene, Yale Medical School.

April 13, At the regular meeting of the Staff Association of Saint Joseph's Hospital, Dr. Albert H. Jackvony presented a case of "Posterior Perineal Hernia," discussed by Drs. A. W. Mahoney, Frank E. McEvoy and William R. McGuirk.

April 14, The W. W. Keen Medical Club was entertained by Dr. Elihu S. Wing. Dr. Clarence E. Bird presented "Stephen Hales:—An 18th Century Biography."

April 21, Dr. Dennett L. Richardson entertained the Friday Night Medical Club and read a paper on "Contagious Disease Hospitals."

April 25, At the meeting of the General Staff of the Homeopathic Hospital of Rhode Island, Dr. Irving Walker presented "Some Aspects of the Appendicitis Problem."

April 27, The regular Quarterly Meeting of the Rhode Island Medico-legal Society was held at the Board of Health Laboratory in the State Office Building. C. Wallace Bohrer, State Toxicologist, demonstrated "Laboratory Procedure in Scientific Crime Detection." Following adjournment supper was served at the Medical Library Building.

OBITUARY

GEORGE HAZARD CROOKER, M.D.

Doctor George Hazard Crooker died at his home, 101 Benefit Street, in his 74th year, on January 12, 1939. He had been in ill health for two years, but seriously ill since January first.

Doctor Crooker was born in Providence, February 25, 1865, the son of Josiah Whipple and Eliza Hazard Crooker. He obtained his elementary education at the old Mowry and Goff School, entered Brown University in 1883, receiving his A.B. degree in 1887, and his Master of Arts degree in 1890. While in college he played baseball and was active in the tennis and bicycle clubs. He was also a member of Hammer and Tongs dramatic society, and of Beta Theta Pi fraternity.

Doctor Crooker attended Harvard University Medical School from which he obtained his medical degree in 1893. He did post graduate work during the summer of 1890-91 in Vienna, Berlin, Dresden, and Heidelberg, returning to this country to continue his graduate study in 1892-93. He served his internship at Dresden Hospital and was a resident at Asabone Hospital in Dresden. He also served as an interne in the Providence Lying-In Hospital from 1895-97. He was licensed to practice in Rhode Island in 1895. He served on the staff of the Rhode Island Hospital in the Out-Patient Department from December, 1899, to October, 1905.

He practiced medicine for forty years in Rhode Island. He also had a military record as follows:

From 1896-1899 he did outstanding service as First Lieutenant and then Captain of the Rhode Island Hospital Corps in the Spanish-American War. During the World War he was a military medical examiner.

On May 4, 1918, Doctor Crooker was married to Harriet E. Phillips, who survives him.

Doctor Crooker was a member of the Providence Medical Association, the American Medical Association, the American Association for the Advancement of Science, the Association of Military Surgeons, and the Military Service Institute. In the Providence Medical Association he was at one time Chairman of the section on medicine and a member of the House of Delegates.

His social organization affiliations were the Providence Art Club, University Club, Squantum Association, and formerly, the Hope Club. He also was a member of the Harvard and Brown Clubs, the Society of Colonial Wars, Sons of the American Revolution, and the Rhode Island Historical Society. He was also a director of the Industrial Safe Deposit Company, and an active member of St. John's Cathedral parish.

JOHN M. PETERS, M.D.
BERTRAM H. BUXTON, M.D

RICHARD P. BOUCHER, M.D.

Dr. Richard P. Boucher died on Christmas morning at his home on Academy Avenue. Born at East Windsor, Connecticut, on April 9, 1870, he was the son of John and Mary Boucher, who gave five sons to the professions, two to dentistry and three to medicine. After graduation from the Broad Brook School in Connecticut he attended Baltimore Medical School, now the University of Maryland, where he received his M.D. degree in 1896.

For forty-two years Dr. Boucher practiced in the Mount Pleasant section where he enjoyed an enviable reputation as an able, conscientious, and reliable physician whose extensive circle of patients benefited by the great kindliness which was an outstanding characteristic of his professional as well as his family life.

Dr. Boucher was a member of the staff of St. Joseph's Hospital and had been for many years attending physician at the Infant Asylum of St. Vincent dePaul. He was a surgeon with the rank of Major in the old Second Regiment of Rhode Island, a member of the Providence Medical Association, the Rhode Island Medical Society, and the American Medical Association. He also held membership in the Benevolent and Protective Order of Elks, the Knights of the Maccabees, the Holy Name Society, and the American Irish Historical Society.

Dr. Boucher is survived by his widow, Mary F. (Padien) Boucher, a son, Richard P. Boucher, Jr., and three daughters, Marie Boucher Norton, Catherine Boucher, and Helen Boucher McKenna. To his family, in their great bereavement, our Association offers sincere sympathy in the loss of a devoted and loving husband and father.

Whereas, it has pleased Almighty God in his Providence to remove from our midst our friend and associate, Richard Patrick Boucher, and

Whereas, we mourn his loss and cherish the memory of his friendship,

Resolved, that we this day record our sorrow and express our appreciation of his long membership in this Association; of his ability, conscientiousness, and kindliness as a physician; of his devotion to his family and those who were honored with his friendship; and further be it

Resolved, that these resolutions be spread upon the records of this Association and that a copy be prepared and furnished his family with the sincere sympathy of the Association.

MICHAEL B. MILAN, M.D.
THOMAS W. GRZEBIEN, M.D.

BOOK REVIEW

CLINICAL GASTROENTEROLOGY. By Horace Wendell Soper, M.D., F. A. C. P. pp. 314, with 212 illustrations. Cloth, $6.00. The C. V. Mosby Company, St. Louis, 1939.

The general Practitioner may spend some time with this book to his advantage. It covers the subject in short, pithy chapters, in clear, easily understood language giving much good advice as to diagnosis and the author's methods of treatment. The chapter on milk is subject to debate but, perhaps, it is a good idea to start again discussion on the subject in the minds of all physicians. The illustrations are unusually clear and add much to the value of the book.

FRANK A. CUMMINGS, M.D.

THE VAGINAL DIAPHRAGM. Its Fitting and Use in Contraceptive Technique. By Le Mon Clark, M.S., M. D., pp. 107, with 53 illustrations. Cloth, $2.00. The C. V. Mosby Company, St. Louis, 1939.

DOCTORS, I SALUTE! By Emilie Conklin, pp. 92. Cloth, $..... Light and Life Press, Winona Lake, Indiana, 1938.